

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours per response	e <u>.</u> 16 <u>.00</u>					

SEC USE ONLY						
Prefix	Serial					
ļ	l					
DATÉ I	RECEIVED					
1	1					

Name of Offering (indicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule	506 Section 4(6) ULOE
Type of Filing: New Filing An endment	
A. BASIC IDENTIFICA	ITION DATA
1. Enter the information requested about the issuer	07076921
Name of Issuer (check if this is an amendment and name has changed, and ind	licate change.)
Metro One Telecommunications, Inc.	
Address of Executive Offices (Number and Street, Ci	ity, State, Zip Code) Telephone Number (Including Area Code)
11220 Murray Scholls Place, Beaverton, OR 97009 Address of Principal Business Operations (Number and Street, C (if different from Executive Offices)	
Brief Description of Business	
Enhanced directory assistance	PROCESSED
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	other (please specify): SEP 0 7 2007
Month Year Actual or Estimated Date of Incorporation or Organization: 012 819 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreign	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemptio 77d(6).	on under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no ater than 15 days after the first sale of sec and Exchange Commission (SEC) on the carlier of the date it is received by the SEC which it is due, on the date it was mailed by United States registered or certified ma	at the address given below or, if received at that address after the date on
Where To File: U.S. Securities and Exch inge Commission, 450 Fifth Street, N.W.,	Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of we photocopies of the manually signed copy or bear typed or printed signatures.	which must be manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amend thereto, the information requested in Part C, and any material changes from the information be filed with the SEC.	
Filing Fee: There is no federal filing fee	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exe ULOE and that have adopted this form. Issuers relying on ULOE must file a separe to be, or have been made. If a state requires the payment of a fee as a precon accompany this form. This notice shall be filed in the appropriate states in accorthis notice and must be completed.	arate notice with the Securities Administrator in each state where sales addition to the claim for the exemption, a fee in the proper amount shall
ATTENTIO	JN
Failure to file notice in the appropriate states will not result in a los appropriate federal notice will not result in a loss of an available stafiling of a federal notice.	ss of the federal exemption. Conversely, failure to file the ate exemption unless such exemption is predictated on the

Each beneficial ow	he issuer, if the iss ner having the pow	uer has been organized wer to vote or dispose, or dis	rect the vote or disposition		f a class of equity securities of the issue
		f corporate issuers and of f partnership issuers.	corporate general and mar	naging partners of	partnersnip issuers; and
Check Box(es) that Apply:	Promote ·	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promot 2r	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promc er	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Numbe ' and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Prometer	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)			-	
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Prom ster	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual				
Business or Residence Addre	ess (Numb :r and	Street, City, State, Zip C	ode)	, <u>, , , , , , , , , , , , , , , , , , </u>	
Check Box(es) that Apply:	Pron oter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Jse bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No □		
••	mus me	133461 3010	., 01 4045 11			Appendix,							
2.	What is	the minim	um investm					-				s N/A	
													No
3.												Yes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name (I	Last name	first, if indi	vidu il)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	ip Code)	_					
		 						 					
Nar	ne of Ass	ociated Br	oker or Dea	aler									
Sta			Listed Has									•	
	(Check	"All States	s" or check	indi /idual	States)		••••••	•••••		.,			States
	AL IL MT	AK IN NE SC	AZ IA NV SD		CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
<u></u>	1 1 1 (1		C :C:1:	: 41>									
Ful	l Name (I	Last name	first, if indi	vid iai)									
Bus	siness or	Residence	Address (1	Nun ber an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated B	roker or De	aler			.			_ 			
Sta	tes in Wh	ich Persor	Listed Has	Sclicited	or Intends	to Solicit	Purchasers						
			s" or check									☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	vioual)	-				,				
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wh	nich Persor	ı Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	in lividua	l States)		***************************************					Al	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

Ι.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the colur ins below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	<u> 10,000,000.00</u>	\$_10,000,000.00
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	3,500,000.00	\$_3,500,000.00
	Partnership Interests		
	Other (Specify)	\$	\$
	Total	13,500,000.00	\$ 13,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited an 1 non-accredited investors who have purchased securities in this offering and the aggregate dollar a nounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$_13,500,000.00
	Non-accredited Investors		\$
	Total (for filings und r Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		<u> </u>
	Regulation A		\$
	Rule 504	-	\$ \$ 0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u> </u>
	Printing and Engraving Coets		\$
	Legal Fees		\$ 318,600.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Recuring monthly advisorys fees of XRoads Solutions allocable to the control of the c	ffering and	\$ 400,000.00
	performance fees of XRoads Solutions allocable to the offering		c 718,600.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$	\$
	Purchase of real estate] \$	
	Purchase, rental or leasing and in tallation of machinery	-	
	and equipment	==	
	Construction or leasing of plant b illdings and facilities] }	_ 🗆 3
	Acquisition of other businesses (i icluding the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)] \$	\$
	Repayment of indebtedness] \$	\$
	Working capital] \$	\$_12,781,400.00
	Other (specify):		
]\$	
	Column Totals	\$ <u>0.00</u>	\$ 12,781,400.00
	Total Payments Listed (column totals added)	∠ \$_12	2,781,400.00
	D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	tle 505, the following en request of its staff,
	ro One Telecommunications, Inc.	Patc August, 200	77
-	ne of Signer (Print or Type) Title of Signer (Print or Type)		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	iled a not	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (JLOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalthorized person.	If by the	undersigned
lssuer (Print or Type) Date Date		
Metro C	One Telecommunications, Inc. August 28, 200	7	

Chief Executive Officer

Instruction:

Name (Print or Type)
Gary E. Henry

Print the name and title of the signin; representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

4 5										
	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State					
		-Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-	granted) Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
СТ										
DE				<u> </u>						
DC										
FL										
GA										
НІ			.,							
ID							_,			
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA								1,000 1 20 0000000 000100		
MI										
MN										
MS										

1 2 3 4 5										
l	2 3 Type of security					4				
		to sell ccredited		d aggregate ing price		Type of	investor and		(if yes,	attach ation of
		s in State		ed in state		amount pu	rchased in State			granted)
		-Item 1)		C-Item 1)		(Part	C-Item 2)			-Item 1)
					Number of		Number of			
					Accredited		Non-Accredited			l
State	Yes	No			Investors	Amount	Investors	Amount	Yes	No
МО										
MT										
NE										
NV										
NH										
NJ		<u> </u>								<u> </u>
NM										
NY										
NC								_		
ND			<u> </u>							
ОН										
ОК										
OR										
PA			<u> </u>							
RI			ļ				:			
SC										
SD			<u> </u>							
TN			<u> </u>							
TX			-							
UT										
VT										
VA			Senes 10	Conventible Preferred Stock	<u> </u>					
WA		X	Stock + an	chase Warrant	1	\$10,800,000.00				
WV								<u> </u>		
WI										

	APPENDIX												
1	2	2	3		4								
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)								
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													

